

Comparing models of adult safeguarding

Outline of a research project
funded by the NIHR School
for Social Care Research



Improving the evidence base for
adult social care practice

How effective are the different models of safeguarding currently used by local authorities to protect adults from abuse?

Adult safeguarding has become a central theme of adult social care over the past decade and continues to be a government priority. Developing good models of safeguarding practice is of prime importance for local authorities to ensure that attempts to protect people thought to be at risk of abuse, mistreatment, and neglect are effective but do not over-protect or deprive individuals of their human rights.

Yet little is known about the different approaches of local authorities to safeguarding, or about the perspectives of carers and advocates on safeguarding processes and outcomes. It is also difficult to obtain first-hand information from people who have been the focus of safeguarding referrals and investigations as many alleged victims/survivors may be frail or severely disabled, including with cognitive impairment.

This will be the first UK study to compare different models of adult safeguarding practice and organisation. The findings will inform the design and planning of local safeguarding policies, day-to-day safeguarding interventions, and more general social care practice.

This project

- will identify different models of adult safeguarding practice across a range of local authorities and investigate their impact and costs.

It aims to

- develop a typology of safeguarding models
- identify short, medium and long term outcomes of such models and attempt to measure some of these
- identify the perceived challenges and advantages of different safeguarding models
- compare the impact of different models on: referral rates and pathways; type of referrals; funneling of referrals; intervention plans and implementation; safeguarding outcomes; impact on staffing; and social care outcomes
- Explore the understanding, nature, cost-implications and distribution of safeguarding practice in social work, under the different models.

Research project outline

WHAT IS THE CONTEXT?

Government policy emphasises the promotion of choice and control in adult social care in the context of a plurality of provision. A crucial dimension of this new vision for social care is adult protection, also known as safeguarding.

The *No secrets* guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse remains the statutory guidance on safeguarding. A wide-ranging consultation on the review of this guidance was carried out in 2008/9, with input from 12,000 professionals and members of the public, and the responses were taken account of in the 2011 Department of Health principles for safeguarding (see Box).

Against this background, relatively little is known about how local authorities are actually implementing safeguarding. The impact on safeguarding of new arrangements for social care – where other sectors may have greater roles in what have been traditional social services roles, such as assessment, care planning and interventions – also needs to be assessed. Social Work Practices (SWPs), for example, are emerging as a model in adult services, independent of the local authority but possibly having legal powers and responsibilities. These developments may take some time to emerge, may be highly localised, or may be rapid in part-implementation.

What is evident already is that over the last two decades several different models of adult safeguarding at the level of front line practice have emerged. One of the key variations is the degree of specialisation and the particular way in which this has been implemented. Another variable is the degree of involvement of, and joint working with, different agencies such as the NHS and the Police. These 'natural experiments' have been very little researched.

One study reported on seven years of adult protection referrals to Kent and Medway adult protection (the term safeguarding evolved over this period), exploring the characteristics and outputs of safeguarding referrals, but did not address issues of practice models. That work

Principles for safeguarding

All safeguarding arrangements must reflect the key principles set out by the Department of Health in 2011:

Empowerment – presumption of person-led decisions and informed consent.

Protection – support and representation for those in greatest need.

Prevention – it is better to take action before harm occurs.

Proportionality – proportionate and least intrusive response appropriate to the risk presented.

Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – accountability and transparency in delivering safeguarding.

identified a need for further research examining the impact of different kinds of specialisation on safeguarding outcomes.

Given the importance placed on safeguarding as part of the development of good social care and other services, understanding the impact of adopting different safeguarding models will be of value for practice as well as local and national policy in this area.

HOW WILL THE PROJECT WORK?

STAGE 1: Identifying different models

A literature review will be carried out to identify distinct safeguarding models. In addition, the project will interview up to 30 local authority adult safeguarding coordinators, to ask them to describe how safeguarding is organised locally and to explain the reasons why it is organised in particular ways. They will also be asked to explore possible links between safeguarding and developments in social care organisation such as personalisation and SWP pilots.

Research project outline

A typography which groups the different models will be developed, in collaboration with adult safeguarding leads from some of the sample of local authorities, and informed by other experts and by people with experience of using social care services and carers.

STAGE 2: Comparing models

In the second stage of the research, researchers will compare ways of organising safeguarding in local authorities. This could range from having specialist teams or workers, to seeing it as the duty of all staff.

Up to six local authority sites will be recruited to represent two or more of the groupings of models identified in Stage 1. In these sites, the project will analyse anonymised case records information collected by the authorities about referrals, investigations and outcomes. All referrals over a one year period will be included, with data on factors such as: the reason, context and genesis for the referral; knowledge of the 'perpetrator'; risk factors; and involvement of other agencies e.g. police, NHS Trust etc. This data set should comprise 1,400-2,400 referrals.

Local and national data collections which local authorities are required to complete about the outcomes of safeguarding plans will be explored in order to measure the impact of different kinds of safeguarding arrangements.

In order to carry out the comparisons, sites will be asked to identify on a rolling basis people for whom the safeguarding work has been closed or concluded and a safeguarding plan produced 12 months previously, until a sample of 1,324 completed referrals are reached. For each case identified, the project will request permission from the local authority to access anonymised details of the referral, process and outputs, including any safeguarding plans and data on outcomes. Where more information is needed, interviews will be carried out with care managers/coordinators and/or other key workers (eg in care homes); it is planned to interview up to 120 such individuals.

To complement the outcome measures identified in Stage 1, the project will also work with sites to use the results of the early 2013 user surveys that all sites conduct for the NHS

Information Centre. The sites will be asked to include information about the study with their surveys and to ensure surveys are sent to people who had safeguarding plans 6-18 months previously. This could yield up to 1,279 completed referrals or 334 substantiated cases of abuse.

In addition, the project will carry out primary data collection through a detailed online survey of all staff involved in adult safeguarding at all six sites.

The impact of the different types of safeguarding models will be investigated through comparison of a range of process, output and outcome measures including:

- referral rates and thresholds (what is a referral and what is an alert)
- nature of referrals
- costs
- funnelling of referrals (ie ratio of alerts to referrals, strategy meetings, safeguarding plans or other interventions)
- plans designed and implemented
- initial issue(s) resolved or risk managed in different ways
- other measures of practice concerning adult abuse, mistreatment, neglect
- repeat referrals, concerns, unresolved matters
- impact on staff.

STAGE 3: Observation and interviews

This stage will explore the role played by safeguarding in practice and will inform an understanding of the interaction between safeguarding as a relatively new construction of work with other areas of practice.

In each of the sites selected for Stage 2, researchers will spend about two weeks with specialist safeguarding teams and non-specialist teams that undertake safeguarding work. Observations and semi-structured interviews will take place with social workers/care managers, team managers, specialist safeguarding workers (if any), and with senior managers who make decisions about the organisation of teams, as well as local authority

Research project outline

solicitors. The latter are likely to have formed opinions on the quality of case records and witness statements from specialist or non-specialist practitioners and may be aware of their performance in court settings.

Similarly, researchers will spend two weeks observing investigations, and critical moments which demonstrate the differences of approach between practitioners working under different safeguarding models. A maximum of 84 interviews is planned.

Semi-structured interviews and observations will also be undertaken with about 30 'vulnerable' adults about whom safeguarding referrals have been made. Interviews will also be held with 30 adults or carers who may be able to recall elements of safeguarding practice (if appropriate) and have had a safeguarding plan up to a year previously. These will seek to cover:

- experiences of various stages of the safeguarding process
- the implementation of any safeguarding plan
- the impact of implementing (or not) specific elements of the plan.

Thematic analysis of the qualitative data will be used for the exploratory interviews in Stage 1 and the in depth work of Stage 3. The aim of this analysis is to generate a rich description of the models of safeguarding, explore the meanings ascribed to the work and understandings of its role within social work and social care more broadly and to identify causal stories about how the safeguarding practice influences outcomes.

STAGE 4: Integrating the findings

The findings from the different strands of research will be combined to give a picture of the models of safeguarding that are being implemented, their impact on outcomes, and also how they create different constructions of safeguarding among practitioners and 'vulnerable adults' and those supporting them. Overall, the research will provide guidance for practitioners and management on implementation, outcomes and costs of different models of safeguarding practice.

Project publications

The project team will produce a number of publications over the life of the study:

- a scoping review of the literature around practice organisation in adult safeguarding (month 6)
- models of safeguarding procedures, based on the initial interviews with adult safeguarding coordinators (month 12). This will form part of a publicly available document outlining the options for managers (specialist or non-specialist) and what factors to consider.
- referrals and outcomes by safeguarding model – based on analysis of case records (month 18).
- a document (self audit tool) summarising what local authority solicitors see as important in evidence from social workers and how practitioners may review their own performance in light of this (to be used in skills development and transfer training) (month 18).
- outcomes of referrals by safeguarding models, based on case records and interviews with care managers and service users or others (month 18).
- costs of different models (month 18)
- cost benefit analysis, showing the ratio of financial costs and benefits of the different models of practice (month 18). This will be produced in a format to help managers cost their options (a cost check list).

These outputs will be in the public domain, with a targeted distribution to practice, policy and academic audiences. The project will feed back directly to participating sites, using presentations to groups of managers, practitioners and services users. More broadly, a national conference using the Making Research Count Network will launch the findings and the research will be publicised through channels that will reach social care practitioner groups. Finally, articles will be produced for academic journals and papers submitted to conferences as well as the required material for the NIHR SSCR.

Research project outline

HOW DOES THE PROJECT FIT THE AIMS OF THE SCHOOL FOR SOCIAL CARE RESEARCH?

Safeguarding has been identified as a 'core function' for social work. It is prominent in all discussions of law relating to adult services and the Law Commission recently confirmed its importance. Consequently, understanding the costs and benefits of different models of safeguarding practice is key in a climate of financial austerity where evidence-based decisions need to be made about service design.

The study will attempt to improve safeguarding practice by providing new evidence about the cost implications of different models. It will also throw light on relationships between the various models and staff 'burnout' levels, psychological job demand and decision authority. This could be used to improve local arrangements through informing senior managers about the impact and costs of different approaches.

Understanding the experiences of safeguarding practice from practitioners', service users' and carers' perspectives will be of value to practitioners in developing sensitive and effective ways of working with people about whom there are safeguarding concerns. Service user, carers and third sector organisations may find an understanding the different models and their impact relevant to their involvement with developing local and national policies and practices.

The Research Team

Dr Martin Stevens, Research Fellow at the Social Care Workforce Research Unit (SCWRU) at Kings College London, is the Principal Investigator and will lead on the recruitment of sites, ethical and research governance permissions, and supervise the collection and analysis of qualitative data. He will advise on quantitative data analysis and lead the report writing.

Professor Jill Manthorpe, Director of SCWRU, was part of the Partnerships and Regulation in Adult Protection (PRAP) study and will advise on methodological development, fieldwork and analysis. She will lead on dissemination and publication strategy.

Dr Shereen Hussein, Senior Research Fellow at SCWRU, was also part of the PRAP study, and will lead on quantitative data collection and analysis, including the survey of practitioners.

Jo Moriarty, Research Fellow at SCWRU, will advise on qualitative data collection and analysis and on carers' perspectives.

Caroline Norrie and *Dr Katie Graham*, Research Associates at SCWRU, will develop research instruments, undertake fieldwork and contribute to data analysis.

Project title:
Models of Safeguarding: A study exploring and comparing models of adult safeguarding

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